

FSSA - Medicaid 2003 Annual Report

Total Annual Medicaid Expenditures per Recipient¹ by Category of Service State Fiscal Year 1999 through 2003 (State and Federal Dollars in Thousands)

| Category of Services | SFY1999 | SFY2000 | SFY2001 | SFY2002 | SFY2003 |
|---|----------------|----------------|----------------|----------------|----------------|
| Inpatient Services | \$4,076 | \$3,852 | \$3,820 | \$3,745 | \$3,685 |
| Psychiatric Hospital Private | \$4,735 | \$4,570 | \$4,817 | \$5,650 | \$5,035 |
| Psychiatric Hospital State | \$47,368 | \$22,363 | \$48,566 | \$56,220 | \$58,415 |
| Outpatient Emergency | \$330 | \$429 | \$446 | \$412 | \$450 |
| Capitation | \$669 | \$840 | \$880 | \$866 | \$1,074 |
| Physician PCCM Administrative Fee | \$7 | \$9 | \$11 | \$10 | \$22 |
| Other Services | \$186 | \$219 | \$211 | \$295 | \$294 |
| Physician Services | \$278 | \$294 | \$303 | \$305 | \$354 |
| Non-Physician Practitioner | \$184 | \$193 | \$201 | \$210 | \$205 |
| Prescription Drugs | \$1,009 | \$1,070 | \$1,165 | \$1,271 | \$1,312 |
| OTC Drugs | \$144 | \$151 | \$151 | \$160 | \$153 |
| DME Supplies | \$637 | \$651 | \$654 | \$684 | \$697 |
| Transportation Services | \$350 | \$343 | \$365 | \$385 | \$391 |
| Nursing Home Services | \$14,498 | \$16,631 | \$15,011 | \$15,768 | \$17,056 |
| ICF-MR Small Group | \$45,818 | \$47,851 | \$45,913 | \$48,880 | \$51,487 |
| ICF-MR Larger Private | \$34,175 | \$34,770 | \$50,071 | \$56,874 | \$48,911 |
| ICF-MR State | \$61,403 | \$100,098 | \$106,760 | \$89,683 | \$100,784 |
| Home Health Services & Related Services | \$4,804 | \$4,345 | \$4,835 | \$5,494 | \$6,346 |
| Mental Health Rehab Services | \$2,035 | \$2,006 | \$2,136 | \$2,155 | \$2,433 |
| Dental Services | \$405 | \$459 | \$463 | \$452 | \$428 |
| Chiropractic Services | \$256 | \$267 | \$258 | \$255 | \$241 |
| Podiatrist Services | \$59 | \$68 | \$69 | \$75 | \$55 |
| Optometric & Optician Services | \$111 | \$117 | \$121 | \$121 | \$120 |
| Waiver Services | \$16,925 | \$19,787 | \$23,920 | \$25,949 | \$24,711 |
| Hospice Services | \$3,932 | \$5,230 | \$4,338 | \$5,441 | \$6,105 |
| Total | \$4,381 | \$4,548 | \$4,203 | \$4,285 | \$4,266 |

¹ A recipient means a Medicaid eligible enrollee who had at least one Medicaid claim or capitation payment or PCCM fee paid at any time within the fiscal year.